

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-375)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT										
	IND.	DEF.	IND.	DEF.	IND.	DEF.		IND.	DEF.	IND.	DEF.	IND.	DEF.	IND.	DEF.
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TOTAL DEF.	2						TOTAL DEF.								
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BEST AVAILABLE COPY